

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032849

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

- AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7869

FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTYc. CITY
OR
TOWN St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Ozma Shelter
3223 Montgomery

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

HARRY

Middle

M.

Last

RODGERS

4. DATE
OF
DEATH

Month

8

Day

5

Year

1962

5. SEX
M6. COLOR OR RACE
W7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/6/1901

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Draftsman

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (City and state or country)

Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

David Rodgers

13b. MOTHER'S MAIDEN NAME

M. McCoobrie

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of serv)

NO

17. INFORMANT

7

J. Kenneth Rodgers, Springfield

Address Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL METASTASIS -

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

CARCINOMA of LUNG

DUE TO (c)

163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-12-62 to 8-5-62 and last saw her
Death occurred at 5:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Thomas J. Rodgers M.D.

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

8-5-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8/7/62

23c. NAME OF CEMETERY OR CREMATORY

Epps Cemetery

23d. LOCATION (City, town, or county)

Willow Springs, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pfitzinger Mortuary, Inc. Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG.

AUG 11 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

RIDZON

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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21/19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard J. Lane Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.